



LOS ANGELES COUNTY

WIA YOUTH PROGRAM BULLETIN

NUMBER: YTH00-03

**SUBJECT: PARTNERSHIP/COLLABORATOR
FINANCIAL MOU REQUIREMENTS /
PROCUREMENT COMPLIANCE**

DATE: 8-07-00

EFFECTIVE DATE: 7-01-00

PAGE 1 OF 3

TO: ALL WIA YOUTH PROGRAM SERVICE PROVIDERS

The purpose of this bulletin is to advise all WIA Youth service providers that for any financial MOU which is entered into within the collaborative structure proposed in the RFP, the attached forms will be required from your Youth Program partners under the following circumstances:

- (1) Where the partner is a for-profit type of organization, the attached "WIA Youth Jobs Fixed Fee Justification Workpapers" form will be required for submission to CSS and becomes part of the WIA Youth Program Contract.
- (2) For any other type of organization in your collaborative structure, a Resource Sharing Agreement (RSA) must be completed and attached to the applicable MOU, with a copy of the RSA sent to CSS for review and approval prior to final execution of the WIA Youth Program Contract.

Accompanying this bulletin are the forms which are required for carrying out these procedures.

APPLICABLE LAWS AND REGULATIONS

Pursuant to 20 CFR 97, grant funds may be used only for (1) allowable costs of the grantees, subgrantees and cost-type contractors, including allowable costs in the form of payments to fixed price contractors; and only for (2) reasonable fees or profit to cost-type contractors but not any fee or profit (or other increment above allowable costs) to the grantee or subgrantee.

Applicable cost principles for each kind of organization are governed by law. Allowable costs are determined in accordance with the federal cost principles applicable to the organization incurring the costs. Costs incurred by non-profit organizations are

determined in accordance with the provisions of OMB Circular A-122; costs incurred by institutions of higher education are determined in accordance with the provisions of Circular A-21; costs incurred by commercial organizations and those non-profit organizations listed in Attachment C to Circular A-122 are determined in accordance with the provisions of the Federal Acquisition Regulation (FAR) at 48 CFR part 31.

PURPOSE

In order to ensure full compliance with the above-mentioned OMB Circulars and regulations, including all applicable provisions governing procurement of services for Federal grants and awards, CSS will require that its service providers complete the following forms in the manner described.

- ◆ Where a financial MOU is entered into with a partner which is a for-profit type of organization, the attached "WIA Youth Jobs Fixed Fee Justification Workpapers" form (attached with instructions) must be completed and returned to CSS directly for inclusion into the WIA Youth Program Contract.
- ◆ For a financial MOU that is entered into with any other type of agency in your partner collaborative structure, a Resource Sharing Agreement (attached RSA) must be completed and attached to the applicable MOU.
 - ❑ an original signed copy of the RSA must be sent to CSS for review and approval prior to the final execution of the WIA Youth Program Contract.
 - ❑ Please note that all applicable costs attributable to your agency's partnership MOU must be reflected in the appropriate line item budget submitted to CSS.

Please note that the above pertains only to the named collaborative partners described and listed in your RFP application. Any decrease in number from those named partners, as submitted and approved by CSS through the RFP process, will be permissible so long as the minimum number and type of partners as required by the County's Request for Proposal process are still present.

However, any new additional or replacement partner to the collaborative partnership structure must be procured through a separate and distinct procurement process, in accordance with the applicable law for procurement.

In addition, any non-partnership subcontract that your agency enters into will similarly require a separate and distinct procurement process in accordance with the applicable

procurement laws.

Please also note that should any of the partners in the collaborative be unable to continue the service(s) for which they were contracted and/or are no longer a part of the collaborative structure, no interruption in the overall services provided shall take place and all services will continue to be provided in full to the youth Participant(s).

If you have any questions, please contact D.B. QUAN at 213-738-2613.

A handwritten signature in black ink, appearing to read "Kenneth Kessler", is written over a horizontal line.

KENNETH KESSLER, DIRECTOR
WORKFORCE INVESTMENT PROGRAMS

Attachments

WIA YOUTH PROGRAM FIXED FEE JUSTIFICATION METHODOLOGY

Purpose

Workforce Investment Act (WIA) Youth Program reimbursement is determined by following these guidelines and completing the WIA Youth Program Budget Work papers.

The contract budget should include all reasonable and allowable program and administration costs in accordance with 20 CFR Part 667 and the applicable OMB Circulars and CFRs.

The Budget Work papers are divided into three parts: program costs and administration (running the program), which are budgeted separately and then appropriately combined into a total.

General Guidelines

- These guidelines are to be followed when a fixed fee or fixed unit price is charged for WIA Youth Program components. Each fixed fee must be supported, using the methodology detailed here and worksheets must be completed for each. If multiple fixed fees are charged to a program, multiple fixed fee justification worksheets must be completed. For instance, if a program includes job readiness services, work experience, OJT, job placement and job retention services, documentation for five (5) fixed unit prices must be completed.
- Work papers are divided into two sections: (1) Program, and, (2) Administration. These are the two allowable cost categories under WIA Youth Program.
- All administration cost should be entered. However, the final allowable administration funding will be capped at 5% of the total program funding.
- All spaces for entries on the budget must be filled in or completed with a -0- or N/A if not applicable.
- All computations must be arithmetically correct. All entries must be in whole dollars. Each line-item total and the overall total for each page must be rounded up or down to the nearest whole dollar.
- Details, descriptions, and justifications for each cost, wherever required, can be entered immediately following each budget item or by using attachments and backup sheets.
- It is essential that all program costs be directly related to the services provided to participants. Cost must be reasonable and necessary to the services delivered

to participants, and must specifically reflect activities described in the WIA Youth Program Contract Statement of Work.

- Prospective contractors may be asked to submit additional written information needed to substantiate any cost item.
- Complete workpapers must be submitted during contract development. The contractor is responsible for making required additions and/or corrections and for submitting a final, complete, and error free set of workpapers for submission to Los Angeles County SDA. Any and all corrections required by L.A. County SDA must be made before an agreement is executed.
- Revised workpapers must be submitted with a contract modification when the amount of funding is increased, or when there are significant changes to the project that entail monetary consideration.
- Any reasonable and allowable cost that is not covered by WIA Youth Program funding will be applied to the contractor's in-kind contribution.

Line-Item Instructions

Page 1 (cover Page):

Enter: next to "contractor" the legal name of the company; next to "Prepared by" enter the name and signature of the person who prepared the budget.

Type: on the bottom, the name and title of the person who is signatory to the agreement. The Authorized Person will sign and date.

PROGRAM COSTS:

Page 2 (Program Salaries):

Enter: under "Job Classification", the program staff's job title.

Enter: under "No. Of Staff", the number of staff.

Enter: under "Hourly Wage", the hourly wage.

Enter: under "Hourly Time", the number of program hours and detail how this number was calculated.

Enter: under "Percent of Hours", the percent of the hourly time from 1% to 100%, as applicable.

Multiply: across and

Enter: the total.

Example:

<u>Classification</u>	No. of Staff	Hourly Wage	Hourly Time	% of Time	WIA Youth Program Amount
Job Developer (40 hrs/wk. X 100 wks.)	1	\$15.00	4000	50%	\$30,000.00
Case Manager (40 hrs/wk. X 104 wks.)	1	\$17.00	4160	100%	\$70,720.00

Page 3 (Program Fringe Benefits):

List: under "Type" each fringe benefit by name, the exact percentage of that benefit, and total (do not include employee paid contributions).

Enter: under "Rate X Base" the total amount of salaries from page 2 and

Multiply: by the total fringe benefits from the "Type" column.

Example:

<u>Type</u>	<u>Rate</u> X <u>Base</u>	Total Amount (Rate X Base)
FICA	4.0% \$100,720.00	\$4,029.00
SUI/SDI	2.4% \$100,720.00	\$2,417.00
Worker's Comp.	1.2% \$100,720.00	\$1,209.00
Retirement	5.7% \$100,720.00	\$5,741.00
Health Insurance	3.8% \$100,720.00	\$3,827.00
Total	17.10% //////////////////////////////////////	\$17,223.00

Page 4 (Program Operating Expenses and Equipment

Enter: the items in each category that pertain to the program and cost out each item in detail.

Total: the entire page when each entry is complete.

Consumable Supplies:

List: all consumable items (items that are expended or changed through use such as paper, pencils, computer disks, raw materials, etc.)

Example: Notebooks: 30 participants X \$1 each = \$ 30

Computer Disks: \$0.50 each X 30 participants X 5 per participant = \$75

Furniture & Equipment:

Enter: non-consumable items (such as machines, equipment, tools, and computers) only for the amount of time in use during program activities. WIA Youth Program may not reimburse for the outright purchase of non-consumable equipment, however all applicable procurement rules will apply.

To calculate equipment costs, use the following formula: item name, followed by the costs per item - percent of time in use for program X number of units.

Example: Computer & Printer: Bundled Price \$984.00 X 75% X 4 units = \$2,952.00

Facilities (Rent):

Enter: Program facility space only. Program sq. ft. X price per sq. ft. X number of months X % of WIA Youth Program time. 2,200 sq. ft. X \$1.49/sq. ft. X 3 mos. X 50% = \$4,917.00.

Janitorial Services:

Enter: Janitorial services program premises.

Example: 2,200 sq. ft. @ \$500/month maintenance X 3 months X 33% = \$495
(Total monthly facility maintenance is \$500. 2,200 sq. ft. = 33% of the total area).

Staff Travel:

Enter: necessary ground and air travel and related expenses. Detail who is traveling, purpose of travel, location of travel, number of miles one way and/or round trip, car rental, air travel, hotels, meals and lodging as applicable.).

Example: Job Developer: 15 car trips/month X 30 mi/RT X 3 months X \$.31/mi = \$419
(office to various employer sites).

Printing:

Enter: printing costs for items needed during the program such as handouts, charts, and manuals or program related advertisement costs.

Example:

16 handouts per class X 10 classes X 15 trainees/class X \$.05 per copy = \$120

Utilities:

Enter: Telephone, gas, electric, water cost by utility name X cost/mo X no. of mos. X program use %.

Subcontractor and Vendor Costs:

Enter: total from any and all line-item budgets completed for program related subcontractors and vendors (subcontracted administration will be included on page 8).

Example: ABC Company: \$135,000 for Computer classroom program. "See attached subcontractor budget".

Other (Indirect Costs):

List: other items that may be associated with program not specifically covered elsewhere in the budget.

Page 5 (Program Summary)

Enter: salaries from page 2, Fringe Benefits from page 3, Operating Expenses and Equipment from page 4, and total.

ADMINISTRATIVE COSTS:**Page 6 (Administrative Salaries):**

Enter: information about the contractor's administrative personnel. Under "Job Classification", provide the specific job title or program title. Under "No. Staff" provide the number of people doing this particular job. Under "Hourly Wages", provide the employee's hourly wage. Under "Number of Hours" enter the number of hours to be worked and detail how this number was determined. Under "Percent of Hours", enter the percent of the hourly time from 1% to 100% as applicable. Multiply across and enter the rounded-off total for each entry.

Example: (next page)

Example:

Classification	No. of Staff	Hourly Wage	Hourly Time	% of Time	WIA Youth Program Amount
Program Administrator	1	\$35	2,600*	40	\$36,4900
Clerical Staff	3	\$12	2,600*	15	\$40,040
*(15 month program X 173.3 hours/month = 2,599.5 hours					

Page 7 (Administrative Fringe Benefits):

List: each fringe benefit by name under "Type" enter the exact percentage of that benefit and total.

Enter: under "Rate X Base" the total amount of salaries from page 6 and multiply by that total amount of fringe benefits from the "Type" column (do not include employee paid contributions).

Page 8 (Administrative Operating Expenses and Equipment

Consumable supplies, furniture, facilities, janitorial, staff travel, utilities

Printing:

Enter: printing costs for items needed during the program such as certification and enrollment documents, invoices, record-keeping forms, trainee notification letters, and program schedules.

Example: 100 documents/mo X 15 mos. X \$.05 per copy = \$75.

Subcontractor and Vendor Costs:

Enter: total from all line-item subcontractor and vendor administrative budgets.

Example: XYZ Company: \$25,000 for project administration. "See attached subcontractor budget".

Other:

List: other administrative items not specifically covered elsewhere in the budget.

Page 9 Administrative Summary:

Enter: totals from pages 6, 7 and 8.

Page 10 Other Sources of Funding from Public Agencies

Enter: funding from other Federal sources (JTPA or ETP) that will be used to offset WIA Youth Program funding.

Page 11 Program and Administrative Summary:

Enter: In #1 and #2 enter the program and administration totals from previous pages and total in #3. Subtract any other sources of funding in #4 and re-total in #5.

Enter: In #6 enter the number of people to be served.

Enter: the cost per person trained in #7, the total WIA Youth Program funding amount in #8.

FILE - C:\WIA\ID.B.QUAN\WIA Fixed Fee July 25, 2000

Los Angeles County Workforce Area
WIA Youth Program Fixed Fee Justification Workpapers

FOR

Contractor:	
Program Type:	
Contract Number:	
Contract Amendment Number:	
Total Amount	\$

Prepared By:			
	(Type/Print Name)	(Signature)	(Date)

Reviewed By:			
	(WIA Youth Program Project Manager Name)	(Signature)	(Date)
Approved By:			
	(WIA Youth Program Project Manager Name)	(Signature)	(Date)

I hereby certify that the attached Fixed Fee Justification Workpapers represent actual program and administrative costs planned under the above referenced Agreement. I further certify that said Workpapers were prepared for the Los Angeles County Workforce Area for the purpose of establishing the total cost to the undersigned for contractual performance under the Agreement. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

(Name Print/Type)	(Title)
(Signature)	(Date)

WIA Youth Program Component: (Check One)

<input type="checkbox"/>	Work Experience	<input type="checkbox"/>	Job Placement
<input type="checkbox"/>	Job Creation	<input type="checkbox"/>	Post Employment
<input type="checkbox"/>	OJT	<input type="checkbox"/>	Job Retention/Support
<input type="checkbox"/>	Job Readiness	<input type="checkbox"/>	Intake, etc.

PROGRAM

SALARIES

Job Classification	No. of Staff	Hourly Wage	Number of Hours	Percent of Hours	Total Amount
WIA Youth Program Amount Total Salaries					

WIA Youth Program Component: (Check One)

<input type="checkbox"/>	Work Experience	<input type="checkbox"/>	Job Placement
<input type="checkbox"/>	Job Creation	<input type="checkbox"/>	Post Employment
<input type="checkbox"/>	OJT	<input type="checkbox"/>	Job Retention/Support
<input type="checkbox"/>	Job Readiness	<input type="checkbox"/>	Intake, etc.

PROGRAM

FRINGE BENEFITS

Type	Rate X Base	Total Amount
Amount Total Fringe Benefits		

WIA Youth Program Component: (Check One)

<input type="checkbox"/>	Work Experience	<input type="checkbox"/>	Job Placement
<input type="checkbox"/>	Job Creation	<input type="checkbox"/>	Post Employment
<input type="checkbox"/>	OJT	<input type="checkbox"/>	Job Retention/Support
<input type="checkbox"/>	Job Readiness	<input type="checkbox"/>	Intake, etc.

PROGRAM**OPERATING EXPENSES AND EQUIPMENT EXPENDITURES (PROVIDE DETAIL)**

1.	Consumable Supplies	
2.	Furniture and Equipment	
3.	Facility (Rent)	
4.	Utilities (Telephone, Gas, Electricity, Water)	
5.	Janitorial Services	
6.	Staff Travel	
7.	Printing (Advertising/Print/Reproduction Costs)	
8.	Subcontractor and Vendor Cost for <u>Program Only</u> (attach backup)	
9.	Training Materials (Testing and Instructional)	
10.	Insurance	
11.	Meetings/Conferences	
12.	Supportive Services	
13.	Profit (For Profit Organizations Only)	
14.	Indirect: (Supported with current approved letter included)	
15.	Other (list items)	
Total Operating Expenses and Equipment Expenditures		

WIA Youth Program Component: (Check One)

<input type="checkbox"/>	Work Experience	<input type="checkbox"/>	Job Placement
<input type="checkbox"/>	Job Creation	<input type="checkbox"/>	Post Employment
<input type="checkbox"/>	OJT	<input type="checkbox"/>	Job Retention/Support
<input type="checkbox"/>	Job Readiness	<input type="checkbox"/>	Intake, etc.

PROGRAM - SUMMARY

1.	Salaries	
2.	Fringe Benefits	
3.	Operating Expenses and Equipment	
	Total Cost of WIA Youth Program	

WIA Youth Program Component: (Check One)

<input type="checkbox"/>	Work Experience	<input type="checkbox"/>	Job Placement
<input type="checkbox"/>	Job Creation	<input type="checkbox"/>	Post Employment
<input type="checkbox"/>	OJT	<input type="checkbox"/>	Job Retention/Support
<input type="checkbox"/>	Job Readiness	<input type="checkbox"/>	Intake, etc.

ADMINISTRATION

SALARIES

Job Classification	No. of Staff	Hourly Wage	No. of Hours	Percent of Hours	Total Amount
WIA Youth Program Amount Total					
Salaries					

WIA Youth Program Component: (Check One)

<input type="checkbox"/>	Work Experience	<input type="checkbox"/>	Job Placement
<input type="checkbox"/>	Job Creation	<input type="checkbox"/>	Post Employment
<input type="checkbox"/>	OJT	<input type="checkbox"/>	Job Retention/Support
<input type="checkbox"/>	Job Readiness	<input type="checkbox"/>	Intake, etc.

ADMINISTRATION**FRINGE BENEFITS**

TYPE	RATE x BASE	TOTAL AMOUNT
WIA Youth Program Amount Total Fringe		
Benefits		

WIA Youth Program Component: (Check One)

<input type="checkbox"/>	Work Experience	<input type="checkbox"/>	Job Placement
<input type="checkbox"/>	Job Creation	<input type="checkbox"/>	Post Employment
<input type="checkbox"/>	OJT	<input type="checkbox"/>	Job Retention/Support
<input type="checkbox"/>	Job Readiness	<input type="checkbox"/>	Intake, etc.

ADMINISTRATION

OPERATING EXPENSES AND EQUIPMENT EXPENDITURES (PROVIDE DETAIL)

1.	Consumable Supplies	
2.	Furniture and Equipment	
3.	Facility (Rent)	
4.	Utilities (Telephone, Gas, Electricity, Water)	
5.	Janitorial Services	
6.	Staff Travel	
7.	Printing (Advertising/Print/Reproduction Costs)	
8.	Subcontractor and Vendor Cost for <u>Administration Only</u> (attach backup)	
9.	Training Materials (Testing and Instructional)	
10.	Insurance	
11.	Meetings/Conferences	
12.	Supportive Services	
13.	Profit (For Profit Organizations Only)	
14.	Indirect: (Supported with current approved letter included)	

15.	Other (list items)	
Total Operating Expenses and Equipment Expenditures		

WIA Youth Program Component: (Check One)

	Work Experience		Job Placement
	Job Creation		Post Employment
	OJT		Job Retention/Support
	Job Readiness		Intake, etc.

ADMINISTRATION
SUMMARY

1.	Salaries	
2.	Fringe Benefits	
3.	Operating Expenses and Equipment	
Total Cost of Administration		

WIA Youth Program Component: (Check One)

<input type="checkbox"/>	Work Experience	<input type="checkbox"/>	Job Placement
<input type="checkbox"/>	Job Creation	<input type="checkbox"/>	Post Employment
<input type="checkbox"/>	OJT	<input type="checkbox"/>	Job Retention/Support
<input type="checkbox"/>	Job Readiness	<input type="checkbox"/>	Intake, etc.

OTHER SOURCES OF FUNDING FROM PUBLIC AGENCIES

Are other sources of funds being used to offset or reduce your agency's fixed fee? ☐ YES ☐ NO

If yes complete the following:

Public Education Agency Appointment Funds

Average Daily Attendance (ADA/FTES):							
	x		÷	\$	0	x	= \$

# of Client s	Hours of Instruction	Units of ADA	ADA Average Revenue Limitation
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_____ WIA =	\$ _____
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_____ Other: ETP,CDBG, etc. =	\$ _____
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Funding	Total Other Sources of	\$ _____
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COMMENTS:

WIA Youth Program Component: (Check One)

<input type="checkbox"/>	Work Experience	<input type="checkbox"/>	Job Placement
<input type="checkbox"/>	Job Creation	<input type="checkbox"/>	Post Employment
<input type="checkbox"/>	OJT	<input type="checkbox"/>	Job Retention/Support
<input type="checkbox"/>	Job Readiness	<input type="checkbox"/>	Intake, etc.

PROGRAM AND ADMINISTRATION
Summary

1.	Total Program Costs (from page 5)	\$
2.	Total Administration Costs (from page 9)	\$
3.	Subtotal	\$
4.	Minus Other Sources of Funding (from page 10)	\$
5.	Total Cost of Programs & Administration	\$
6.	Number of People Served	\$
7.	Cost Per Person Served	\$
8.	Total WIA Youth Program Funding Amount	\$

RESOURCE SHARING AGREEMENT

A. Introductory Statement

The parties agree to provide intake, job club/readiness, work experience, On-the-Job training, educational and job placement services to eligible individuals. The One-Stop center will provide clients with access to job education services, limited computer training, academic enrichment training, resume services, counseling, and linkage and coordination to other community services. The integration of services will eliminate duplication and performance measurement will focus on the attainment of quality-based outputs and customer satisfaction measures.

The parties will develop an annual plan of service (Table 1) which will include a description of the services/activities to be provided and the projected number of participants to be served at this One-Stop Center. The associated funding plan (Table 2) will list each partner's financial commitment in terms of funding, staffing and equipment/facility resources.

B. Period of Performance

This agreement becomes effective on the date signed by both parties and continues in effect until _____ or until terminated by mutual consent.

C. General Requirements

List of Collaborative Partners:

1. _____
2. _____
3. _____
4. _____
5. _____

Roles of Partners in Collaborative Structure:

- In support of the above activities the partnership agrees to provide resources to support the following services:
- Each of the partnership members agrees that the staff will be cross trained to provide joint intake services, orientation, assessment, and enrollment.
- _____ [Name of Partner(s)] will provide joint Individual Service Strategy development.
- _____ [Name of Partner(s)] program staff will provide counseling/case management.
- Work Experience will be funded by _____ programs.
- Occupational Skills training will be provided by _____ and _____.
- On the Job Training will be provided by _____ and _____.
- Supportive Services will be provided by _____, _____ and _____.

- _____ will contact and secure job orders/job placements for the clients participating in the One-Stop Center.

D. Upfront Analysis - Support of the RSA and Use of the Methodology

The parties will perform an upfront analysis that will verify that the final distribution of services and costs is equitable to each partner in relation to the benefits received and resources committed. As an affirmation of the methodology, the upfront analysis will be documented and incorporated in the RSA (Tables 3 & 4). The methods by which the parties will measure benefit will be recorded here.

E. Modification Procedures

Any and all modifications shall be in writing and be approved by all parties. Modifications to the RSA may occur after the parties perform interim or year-end analyses and find significant or material variances that will affect the plan of service or the funding plan. The parties should document the results of any material and significant variances that occur at year-end in preparation of the plan of service for the second year.

F. Monitoring of the RSA

The partnership members agree to monitor client and funding information on a quarterly basis to ensure that equitable benefit is being received by each of the members. Corrective action steps will be taken quarterly and at the end of the annual agreement.

In Witness whereof, the members of the Partnership enter onto this Agreement this _____ day of _____, 2000.

Agency

Date

[Partner 1]

Date

[Partner 2]

Date

[Partner 3]

Date

[Partner 4]

Date

Sample Tables

TABLE 1 EXPECTED LEVEL OF OUTPUTS (Annual Data)				
FUNCTION	Partner #1	Partner #2	Partner #3*	TOTAL
Intake	#	#	#	#
Case Management	#	#	#	#
Job Readiness	#	#	#	#
Job Placement	#	#	#	#

TABLE 2 RESOURCES COMMITTED TO ACTIVITIES (Annual Data)				
FUNCTION	Partner #1	Partner #2	Partner #3*	TOTAL
Intake				
Facilities	\$	\$	\$	\$
Staff – [#]	\$	\$	\$	\$
Case Management				
Facilities	\$	\$	\$	\$
Staff – [#]	\$	\$	\$	\$
Job Readiness				
Facilities	\$	\$	\$	\$
Staff – [#]	\$	\$	\$	\$
Placements				
Facilities	\$	\$	\$	\$
Staff – [#]	\$	\$	\$	\$
TOTAL:	\$	\$	\$	\$

* Provide for additional partners as applicable and in compliance with the County's requirements

TABLE 3 ALLOCABLE SHARE OF BENEFITS BY ACTIVITY AND FUND SOURCE			
ACTIVITY	Partner #1	Partner #2	Partner #3
Intake			
Participants	\$	\$	\$
Unit Cost	\$	\$	\$
Planned Benefits	\$	\$	\$
Case Management			
Participants	\$	\$	\$
Unit Cost	\$	\$	\$
Planned Benefits	\$	\$	\$
Job Readiness			
Participants	\$	\$	\$
Unit Cost	\$	\$	\$
Planned Benefits	\$	\$	\$
Placements			
Participants	\$	\$	\$
Unit Cost	\$	\$	\$
Planned Benefits	\$	\$	\$
TOTAL:	\$	\$	\$

TABLE 4 COMPARISON OF RESOURCE COMMITMENTS AND BENEFITS ATTRIBUTABLE TO EXPECTED OUTPUTS			
FUNCTION	Partner #1	Partner #2	Partner #3
Resource Commitments (Table 2)	\$	\$	\$
Benefits from Expected Outputs (Table 3)	\$	\$	\$
Percent Variance between Planned Benefits and Costs	[+/-] %	[+/-] %	[+/-] %

SUMMARY DESCRIPTION: Provide a description of the services/activities documented in the above Table 1

JUSTIFICATION: Describe the methodology used in arriving at the above cost allocation documented in Tables 1-4, in accordance with the applicable cost principles of the relevant OMB Circulars and FRCs.